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ABSTRACT

The third in a series of position papers regarding deinstitutionalization of individuals with developmental disabilities in Ohio, the paper addresses future directions in adult services. Basic planning principles guiding the delivery of services are briefly reviewed, followed by a list of five objectives of adult programs. The next section describes the traditional continuum of day program options for adults with developmental disabilities (ranging from regular employment and on the job training to adult day care and no day program) and suggests the negative aspects of such a continuum. Federal, state, and local constraints to the development of adult services in Ohio are noted. Three fundamental prerequisites of any such service delivery strategy are examined. Utilization of generic services, case coordination, and prevocational training. The role of day programs is discussed, and the importance of focusing on individual needs, providing the most culturally normative setting possible, and ensuring a range of vocational options (including sheltered workshops) is emphasized. The traditional and proposed approaches to providing vocational services are contrasted via case studies of persons with severe, moderate and multiple handicaps and severe behavior problems, and older and currently unserved persons. The report concludes with general recommendations along with more specific ones in the areas of planning, funding, monitoring/evaluation, and training and technical assistance. (CL)

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Future Directions in Adult Services

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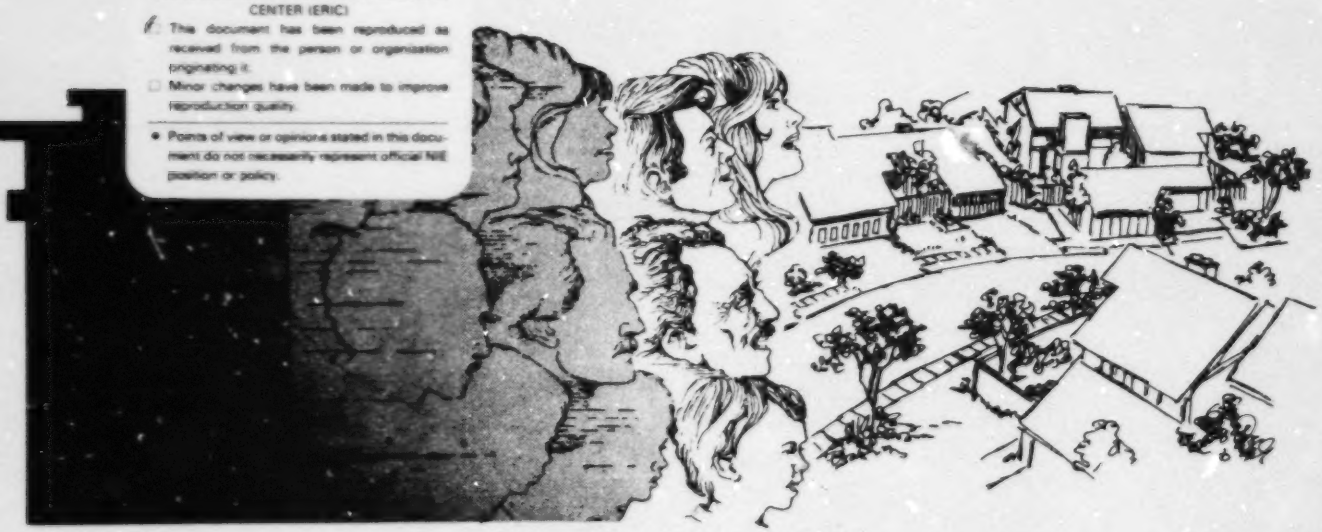

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Future Directions in Adult Services

Prepared by
The Community Services Subcommittee
Deinstitutionalization Task Force

Ronald E. Kozlowski, Project Coordinator
Wade Hitzing, Task Force Member
Elsie Helsel, Subcommittee Chairperson

The contents of this paper reflect official policy and positions of the Ohio Developmental Disabilities Planning Council.

December 1983

"IT HAS BEEN REPEATEDLY DEMONSTRATED THAT SEVERELY DEVELOPMENTALLY DISABLED INDIVIDUALS CAN LEARN TO PERFORM THE COMPLEX SKILLS NECESSARY TO PRODUCE AT A "NORMAL" RATE IN SHELTERED WORK, OBTAIN AND MAINTAIN COMPETITIVE EMPLOYMENT, SHOP AND PLAN MENUS, BE MOBILE IN THE COMMUNITY, BE SOCIAL, SOLVE FUNCTIONAL MATH PROBLEMS, AND READ. IT IS CLEAR THAT A PRIMARY BARRIER TO COMMUNITY INTEGRATION IS NOT THE SKILL DEFICITS OF SEVERELY DEVELOPMENTALLY DISABLED INDIVIDUALS, BUT THE LACK OF SUFFICIENT INTEGRATED COMMUNITY VOCATIONAL, RESIDENTIAL AND RECREATIONAL OPPORTUNITIES AND THE ABSENCE OF APPROPRIATE PROGRAMS TO TRAIN THEM IN THE SKILLS NECESSARY TO GAIN ACCESS TO THESE OPPORTUNITIES."

Paul Wehman
1981

"VOCATIONAL SERVICES ARE USUALLY CONTROLLED BY LARGE BUREAUCRATIC AGENCIES WHOSE POLICIES ARE WELL ESTABLISHED AND WILL NOT BE SUDDENLY DISCARDED. IN THIS REGARD, SARASON (1972) HAS SUGGESTED THE DEVELOPMENT OF NEW SETTINGS, OR MODELS, RATHER THAN THE REARRANGEMENT OF OLDER MALFUNCTIONING ONES. HOWEVER, ALTERNATIVE MODELS MUST BE CAREFULLY DESIGNED TO AVOID THE MISTAKES AND SHORTCOMINGS OF THE ONES THEY ARE INTENDED TO REPLACE."

David Pomerantz
David Marholm II
1977

This paper reflects the official position and policy of the Ohio Developmental Disabilities Planning Council. The development of this paper was supported by funds made available through a grant from the Ohio Department of Mental Retardation and Developmental Disabilities, authorized under P.L. 95-602 to further the attainment of the goals and objectives of the Ohio Developmental Disabilities Planning Council.

The contents of this paper do not necessarily reflect the position or policy of the Ohio Department of Mental Retardation and Developmental Disabilities, and no official endorsement of the above agency should be inferred.

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PREFACE

Changes in the philosophy of services and a growing concern for the rights of persons with developmental disabilities have led to a national deinstitutionalization movement. Thus, the service system for Ohio's citizens with developmental disabilities is in a period of transition as the state moves from an institution-based to a community-based service delivery model. Although the deinstitutionalization movement has increased the move toward community-based services, numerous constraints continue to challenge this effort. With the transition in progress, the development of long- and short-term service development plans is critical to the evolution of a cohesive system that uniformly provides appropriate and adequate services. Identification of the nature and shape of the desired service system, the recognition of existing and potential constraints, and the development of an effective planning process must occur to assure that quality services are available now and in the future.

It is within this context that the Ohio Developmental Disabilities Planning Council created the Deinstitutionalization Task Force Project. The purpose of the project was to establish and provide staff support to a Deinstitutionalization Task Force, which was formally constituted in March 1981. The Task Force, composed of representatives from various agencies and consumer groups (see inside back cover), was charged with the responsibility to identify major issues related to deinstitutionalization and to develop recommendations for increasing the availability of appropriate services to persons with developmental disabilities.

Given its charge, the Task Force had two major options in terms of where to focus its attention: (1) on the nature or structure of the service system or (2) on the service process. Because of the scope and complexity of the issues related to deinstitutionalization, the Task Force decided to focus on the nature or structure of the service system. This approach was chosen because (1) an appropriate structure is a necessary condition for the development of quality, appropriate services and (2) many process guidelines and safeguards are already present in rules and regulations. By focusing on the structure of the service system, the Task Force could then develop a plan containing: (1) a broad outline of the proposed service system and (2) a broad outline of proposed planning strategies.

The Task Force considered this option as most consistent with the Developmental Disabilities Planning Council's advocacy function, in that the development of a broad outline of the proposed service system facilitates systemic change. Long-range service goals define how things "ought to be" and can be used to guide short-term transition planning.

The Task Force initially sought to identify the various legal and philosophical principles in the field of developmental disabilities and to define with a high degree of clarity the actual issues surrounding deinstitutionalization. These deliberations were based on experiences in Ohio and augmented by the experiences of some of the more active state programs outside of Ohio. The basic concepts that emerged were used then to guide the planning process.

This led to the second step, which was to apply these concepts to a service system for persons with developmental disabilities. The Task Force selected the following broad areas in which to concentrate its efforts: (1) the role of institutional services (2) residential services (3) adult services (4) informal and formal supports, and (5) administrative structure and finance. To provide broad-based professional and consumer input in addressing these general topical areas, a subcommittee structure was established. The following subcommittees were constituted by the Task Force:

- o Institutional Services Subcommittee
- o Community Services Subcommittee
- o Prevention of Institutionalization Subcommittee
- o Finance Subcommittee

This structure essentially provided a two-tier review process. Each subcommittee was charged with the initial development of a position paper on a selected topic. The Community Services Subcommittee was charged with initial development of position papers on two topics. The papers were then all submitted to the Task Force for review and/or modification, and subsequently adopted as official position papers of the Task Force. The five position papers provide statements of program philosophies and service strategies that can be used to develop quality services for persons with developmental disabilities. Each position paper contains a series of broad recommendations that the Task Force believes should be used in developing specific implementation plans.

The Task Force believes that the position papers describe a realistic direction for Ohio's service system and should be used as roadmaps for developing quality services for persons with developmental disabilities.

Papers in the series include:

Position Paper No. 1:	THE FUTURE OF INSTITUTIONAL SERVICES IN OHIO: Do We Need to Plan for Institutional Services?
Position Paper No. 2:	RESIDENTIAL SERVICES IN OHIO: The Need to Shift from a Facility-Based to a Home-Centered Service System
Position Paper No. 3:	FUTURE DIRECTIONS IN ADULT SERVICES
Position Paper No. 4:	PROMOTING QUALITY COMMUNITY LIVING THROUGH FORMAL SUPPORT SERVICES AND INFORMAL SUPPORTS
Position Paper No. 5:	FUTURE DIRECTIONS IN ADMINISTRATIVE STRUCTURE AND FINANCE: PREREQUISITES FOR COMMUNITY-BASED SERVICE.

Nisonger Center
The Ohio State University

Ronald E. Kozlowski
Project Coordinator

ACKNOWLEDGMENTS

The Deinstitutionalization Task Force Project was originally established through a letter of agreement between the Ohio Developmental Disabilities Planning Council, The Department of Mental Retardation and Developmental Disabilities, and the Ohio State University Research Foundation (Nisonger Center) to identify issues and develop recommendations relative to deinstitutionalization in Ohio. The products of the Task Force are the result of a collaborative effort by various individuals, representing a variety of organizations and agencies, who participated on the Task Force or its subcommittees, or otherwise provided assistance in developing the various position papers. Forty-two individuals, representing thirty-three organizations and agencies, contributed to the development of the five papers. Appreciation is extended to those individuals, who graciously gave their time, patience, and expertise.

A special mention is made of the sincere efforts that were put forth by Dr. Jerry Adams, who conceived the project and devoted tremendous personal energies toward making project activities viable. Succeeding Dr. Adams, Dr. Denis Stoddard also devoted much personal energy in supporting the project. Dr. William Gilbert and Dr. Henry Leland (Co-chairpersons) guided the Task Force through its deliberations and saw to it that the Task Force completed its tasks. Appreciation is also expressed to the Ohio Developmental Disabilities Planning Council for recognizing the significance of this project and providing funding for its activities, and adopting the position papers produced by the Task Force as official policy and position statements of the Council.

ADULT SERVICES

Adult services programs should provide assistance to persons with developmental disabilities so that they may attain maximum:

- o Independence and human dignity
- o Presence and participation in community life
- o Status as valued community members
- o Potential for growth and development

The main goals for adult services should be to: (1) meet the person's habilitation needs (2) enhance employability and financial independence (3) facilitate placement in valued jobs (4) ensure opportunities for leisure time/recreation and (5) provide necessary support services. Adult programs should attempt to maximize the ability of individuals with developmental disabilities to participate competently in a broad spectrum of community activities. It should be noted that these goals can be achieved without neglecting the person's special needs for supervision and care.

BASIC PLANNING PRINCIPLES

A necessary first step in the development of a systematic approach to delivery of services to adults with developmental disabilities is the delineation of principles upon which the service system must be built. These principles, which reflect basic philosophical and ethical concepts in the field of developmental disabilities, should guide the planning, development, and implementation of adult services.

LEAST RESTRICTIVE ALTERNATIVE

The principle of least restrictive alternative requires that day programs and services be the most age and culturally appropriate for meeting the person's need for supervision and training, without imposing unnecessary modifications or denial of personal rights. A further consideration is that the service and the setting be based on the person's needs--not just on the options currently available. For instance, a person should not be placed in an activity center if, with training and supports, he or she could function in regular employment or a less restrictive vocational setting. Training programs and habilitative services should be geared toward developing useful skills and promoting independence, and not merely providing "babysitting." In addition, if the ultimate goal for all individuals is to promote as much independence as possible, the appropriateness of large segregated settings must be questioned. How does the congregation of large numbers of persons with developmental disabilities in

physically and socially segregated day programs contribute positively toward enhanced independence and competence?

It is important to point out that application of the principle of least restrictive alternative does not mean that all persons can be placed in regular employment. However, application of this principle does require that placement in settings more restrictive or segregated than regular employment be proven as necessary to meeting the person's needs.

RIGHT TO SERVICES

Right to services concerns the right of persons with developmental disabilities to services or treatments that promote growth toward increased independence and competence. If the goal is to promote independence and competence, it is imperative that adult programs and services be designed to facilitate skill development. Moreover, a variety of support services must be available to assist an individual to live in a complex, heterogeneous society.

NORMALIZATION PRINCIPLE

Normalization refers to ". . . the utilization of as culturally-valued means as possible in order to establish and/or maintain personal behaviors, experiences and characteristics that are as culturally normative or valued as possible" (Wolfensberger, 1980). This principle calls attention to (1) what the adult program achieves for those to whom it provides services (the "goals") and (2) how the program achieves these objectives (the means in the definition).

For example, work is a normal and expected activity for most adults in our society; adults with developmental disabilities have a right to be contributing members of society. They should have the opportunity to perform personally rewarding work for competitive wages. A major goal of adult service programs should be to facilitate the inclusion of adults with developmental disabilities into financially rewarding work roles. Adult day programs should identify and provide useful job opportunities, teach the skills, and provide the supports needed for successful performance of these jobs. Employment training should be arranged to emulate, as much as possible, normal work situations and settings.

EQUAL JUSTICE

Adherence to the concept of equal justice requires that persons with developmental disabilities be provided with services and supports that will allow them an equal opportunity for growth and development. Persons with developmental disabilities should not be excluded from using generic community resources or vocational programs. Generic resources are typical services provided by agencies to the community at large. Providing only segregated programs and services is inconsistent with the person's right to participate in normal community life. The principle of equal justice requires that long-range plans be based on the assumption that all persons can and should participate as much as possible in all aspects of community life—especially in employment.

RESPECT FOR HUMAN DIGNITY

Most persons have personal characteristics and competencies that are valued by others. Also, they can advocate for themselves and are therefore usually afforded at least a minimum of dignity and respect. Except in very limited ways, persons with severe handicaps cannot gain the same degree of dignity and respect by their own actions. It is therefore extremely important that they be treated with respect and served in settings that are positively valued. Adults with developmental disabilities should be treated as adults, not as children. Skill training should be provided as needed, to increase their personal opportunities and enhance their financial independence.

DEVELOPMENTAL ASSUMPTION

The developmental assumption is considered by most people to be a desirable approach to serving persons with developmental disabilities and serves as a basis for appropriate service development. The developmental assumption is based upon an acknowledgment of (1) life as change (all individuals, regardless of type or degree of handicap, have the potential for positive growth) and (2) development as modifiable (influenced through teaching, and by using and controlling physical, psychological, and social aspects of the environment).

For some time the prevalent view toward persons with developmental disabilities has been the notion of limited potential, a belief that a disability causes or is necessarily associated with an inability to perform a variety of normal activities such as communicating with others, taking care of personal needs, living in the community and participating in vocational opportunities. However, a number of research

studies have shown that persons with developmental disabilities, even those with severe handicaps, can grow and learn social and vocational skills (Bellamy et al., 1981; Bellamy, O'Connor, & Karan, 1979; Gold, 1975, 1973; Levy, Pomerantz, & Gold, 1976; Martin, Rusch & Heal, 1982; Pomerantz & Marholin, 1977).

EFFECTIVENESS AND ECONOMY

It is paradoxical that one of the most frequently cited reasons for many segregated programs, that they provide effective and efficient service and treatment, is not supported by research findings (Pilewski & Heal, 1980; McCarver & Craig, 1974). Recent research shows that it is very important, especially for persons with severe and profound handicaps, to participate in training programs that are as similar as possible to normal community settings (Martin, Rusch, & Heal, 1982). This is especially important for persons with mental retardation because of their difficulty in generalizing from the original learning environment to other settings.

The issue of cost strongly supports the development of integrated programs and work options for adults with developmental disabilities. A productive and independent adult with developmental disabilities financially contributes more to society than a person who is dependent upon society for his or her existence (Conley, 1973; General Accounting Office, 1981; Moss, 1979). Although short-run costs may be higher to establish the necessary support services and program options, the long-run cost to society is considerably less. This is not to imply that all individuals are capable of total self-sufficiency. However, the technology exists to substantially increase the productivity and independence of most adults with developmental disabilities, including those with severe disabilities (Bellamy, Horner, & Inman, 1979; Rusch & Mithaug, 1980; Wehman, 1981). Moreover, some integrated training options such as work stations in industry and on-the-job training programs, are less costly than the capital costs involved in building new sheltered workshops (Phipps, 1982).

OBJECTIVES OF ADULT PROGRAMS

The Community Services Subcommittee identified the objectives below for adult services programs. Based upon application of the basic planning principles previously described, adult service programs should:

- Place a priority on maximizing the person's financial independence, through vocational skill development and providing useful job opportunities

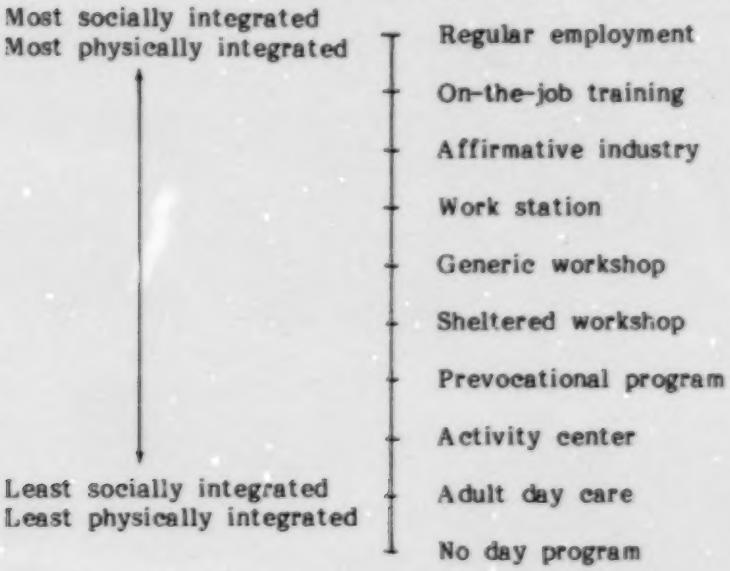
- o Promote social integration and movement of individuals into more integrated vocational options such as on-the-job training programs, work stations in industry, and regular employment
- o Provide valued jobs and training in settings that are age and culturally appropriate
- o Use, as much as possible, physically and socially integrated programs, training, and work options
- o Promote the dignity of adults with developmental disabilities by treating them as workers/employees, developing their competencies to function successfully in community life (at work, at home, and in leisure time activities), and helping them participate in making decisions that affect their lives

CRITICAL ANALYSIS OF CURRENT PLANS

Most states have either established a continuum of day program options for adults with developmental disabilities or are planning for such programs. The continuum approach is based on the assumption that different programs, usually in different settings, are necessary to meet a full range of service needs. A typical continuum of day program services is shown below.

Figure 1

DAY PROGRAM SERVICE CONTINUUM



Critical Analysis

DESCRIPTION

The continuum approach is based on the further assumption that persons with the most severe disabilities are appropriately served in more restrictive settings (adult day care, activity centers); persons with the least severe disabilities are served in the most socially and physically integrated settings (regular employment); and the remaining persons are served in other settings across the continuum of service settings. The hope is that if the continuum is comprehensive there will be no service "gaps"--all persons will be placed in an appropriate day program or employment setting. A brief description follows of the types of services and service settings commonly found on the adult day service continuum:

- Regular Employment: a setting where the individual is working in a regular job with no continuing support other than that any other worker typically receives
- On-the-job Training: a regular, nonsheltered work setting where the individual receives support services and training
- Affirmative Industry: an industry that is operated to provide supported employment, but is cost-benefit and production oriented (both disabled and nondisabled workers are employed)
- Work Station in Industry: a small group of individuals with disabilities, working as a unit under special supervision, within a regular factory or work setting
- Generic Workshop: a sheltered workshop, such as those operated by Goodwill, open to a wide range of individuals with various types and levels of disabilities
- Sheltered Workshop: a segregated workshop providing training and sheltered employment to individuals with similar disabilities (County Boards of MR/DD)
- Prevocational Program: a training program that focuses on teaching the prerequisite skills for future vocational training
- Activity Center: a day activity program that provides a range of activities such as arts and crafts, daily living skills training and some prevocational or vocational training
- Adult Day Care: a day activity program that primarily provides day care and supervision, but little training

- o No Day Program: no formal day program activities are provided

NEGATIVE ASPECTS OF CONTINUUM

The development of such a comprehensive continuum offers advantages over offering minimal day program services. However, there are a number of problems with the continuum approach.

Resources Go to Restrictive Settings

Most of the resources go to the more socially and physically restrictive settings. Funds go first to provide adult day care, activity centers, and sheltered workshops. There has been a reliance on segregated day training programs, many of which are not vocationally oriented. Very few resources are then left to support more integrated, vocational training and employment options. The resulting lack of resources has limited efforts to help persons move out of segregated settings into more socially and physically integrated options.

Movement Based on Improvement

Movement through the continuum is presumed to be a function of improvements in the person's behavior. The person is seen as "graduating" from one program to another. There are many problems with this approach:

- o Forced to Earn Rights: Persons with disabilities are forced to earn their right to participate in more integrated settings. Many persons, especially those with severe disabilities, will never "earn" this right.

- o Little Movement: Studies have shown that there is not much movement through the continuum to less restrictive, more valued work settings (Bellamy et al. 1982; Department of Labor, 1977; Greenleigh Associates, Inc., 1975; Wilcox & Bellamy, 1982).

- o Individual is "Type Cast": The entrance and exit criteria approach of the continuum strategy presumes that individuals can be "type cast" as adult day care clients, work activity center clients, or workshop clients. The continuum reinforces the notion that certain persons can be served only in certain types of settings and that certain programs and services can be developed only in a specific setting.

Emphasis on Physical Facilities

The continuum approach has led to an emphasis on the development of physical facilities rather than on the development of comprehensive services that would allow an individual to lead a more independent life in the community.

Reinforces Differences

The continuum approach reinforces and deepens the perception of difference between persons with disabilities and other, nondisabled, citizens. Separate day programs ensure that disabled persons will not be integrated into the mainstream of society.

Cost

Most of the settings currently in the service continuum are special facilities, which usually involve new construction or extensive renovation of existing buildings. If service and training settings within existing business and industry are used, more public money could be reallocated to hire staff or provide support services.

Based on Availability

Adults with severe disabilities are often not served in sheltered vocational programs because persons with less severe disabilities have already filled the available openings. If more integrated, work-oriented options are developed, workshops could then be used to serve individuals with severe handicaps.

ADULT SERVICES IN OHIO

Like other states, Ohio is attempting to implement portions of the continuum concept. A major emphasis is on activity centers and workshops, established under the auspices of the County Boards of MR/DD. Private, nonprofit boards oversee the operation of these programs; the relationship between these boards and County Boards of MR/DD varies from county to county. The major sources of support for adult service programs come from Department of MR/DD subsidies, county levies, and contract work.

Few resources have been available to support the development of more integrated options or training programs. Persons who are considered capable of some level of employment are placed in a workshop setting. Generally, persons who are considered unable to function in a workshop setting are served in activity centers, which provide little, if any, real vocational training.

CRITICISMS OF DAY PROGRAMS

The program quality and level of vocational training provided in adult day programs varies across the state. Criticisms of present day programs include the following:

- Generally, day programs do not adequately train adults for existing, useful work.
- Many individuals who are capable of functioning in less restrictive vocational options are maintained in activity centers and workshop settings.
- Current day programs often provide insufficient wages to promote financial independence.
- Habilitative and production staff often see themselves as working at cross-purposes.
- Usually there is little movement of individuals to less restrictive work or training options.
- Maintenance of segregated programs inhibits integration into community life.
- A facilities-based, "segregated" approach has resulted in waiting lists for entry into programs.
- In many cases, there has been an emphasis on services (motor skills, socialization, communication, basic education, Special Olympics, recreation, arts and crafts activities) rather than on vocational training and placement.
- Dependence upon contract work has resulted in significant periods of down time; other work activities have not been developed to supplement contract down time.

MAJOR CONSTRAINTS

A variety of constraints at the federal, state, and local levels have shaped the development of adult services programs. Many of these constraints continue to affect efforts to plan for the development of more appropriate options.

Adult Services in Ohio

Federal Level

- The development of employment options in integrated settings is not a major priority at the federal level.
- Supplemental Security Income (SSI) regulations limit the ability of recipients to earn adequate wages and still maintain eligibility for income and medical benefits.
- The Rehabilitation Services Program places emphasis on services to the less severely handicapped and considers work activities and sheltered employment as case closures.
- Funds under the Vocational Education Program are not being used effectively to assist persons with severe disabilities.
- The Comprehensive Employment Training Act (CETA) program, which was developed to provide employment opportunities in the private sector, was generally not used to assist persons with disabilities.
- Cuts in generic services have reduced the availability of support services and impeded the ability of individuals with disabilities to function in the community.

State Level

- The state has no clear legislative mandate to plan for and to provide day program services to adults with developmental disabilities.
- The state's funding mechanism for adult services provides no incentive to move adults with developmental disabilties into more socially and physically integrated work and training options.
- Additional state funding has not been available until recently to assist county programs in meeting the needs of persons moving from developmental centers back into the community.
- The Department of MR/DD rule requiring that no fewer than five hours per week per person be spent on defined habilitative services encourages agencies to provide habilitative services in vocational settings, thereby decreasing the vocational thrust of the programs.
- Limited funding is available for staff development.

- The relationship between vocational education programs, adult basic education programs, Rehabilitation Services Commission programs, and Department of MR/DD programs is not addressed in state level policies.

- The allocation of Rehabilitation Services Commission funds is inadequate to meet the needs of persons with disabilities.

Local Level

- Adequate funds are not provided to support the development of more integrated training and work options, or for habilitative and recreational services for adults (funding for support services, on-the-job training, etc.).

- County Boards of MR/DD are perceived as responsible for providing "all services" to persons with developmental disabilities. This prevents other agencies, especially generic agencies, from becoming involved.

- Transportation, especially in rural areas, is a major barrier to developing more integrated training and work options.

- Many counties have been incapable of, or disinterested in recruiting and training business-oriented personnel with skills in such areas as production practices, fiscal management, bidding, marketing, and labor relations.

- Some parents oppose more integrated training and employment options because they value the perceived security of the existing segregated programs.

- There is reluctance to place persons in less restrictive settings because of funding disincentives (impact on workshop productivity, state subsidy program, etc.).

- Lack of community acceptance has restricted persons with developmental disabilities from participation in community life, especially in the area of employment.

- Personnel and funding resources are not provided to address the needs of persons with multiple handicaps or behavior problems.

WHOLE PERSON APPROACH

If we are to meet the needs of adults with developmental disabilities, communities must be prepared to offer the vocational training and work options, basic adult education and habilitation services, recreation programs, residential programs, and support services necessary to meet

the individual's total needs. These programs and services should be provided in the most physically and socially integrated settings and manner possible, while still meeting the individual's needs. The range of services, programs, and options that should comprise a community service system for adults with developmental disabilities is shown in figure 2.

FUNDAMENTAL PREREQUISITES

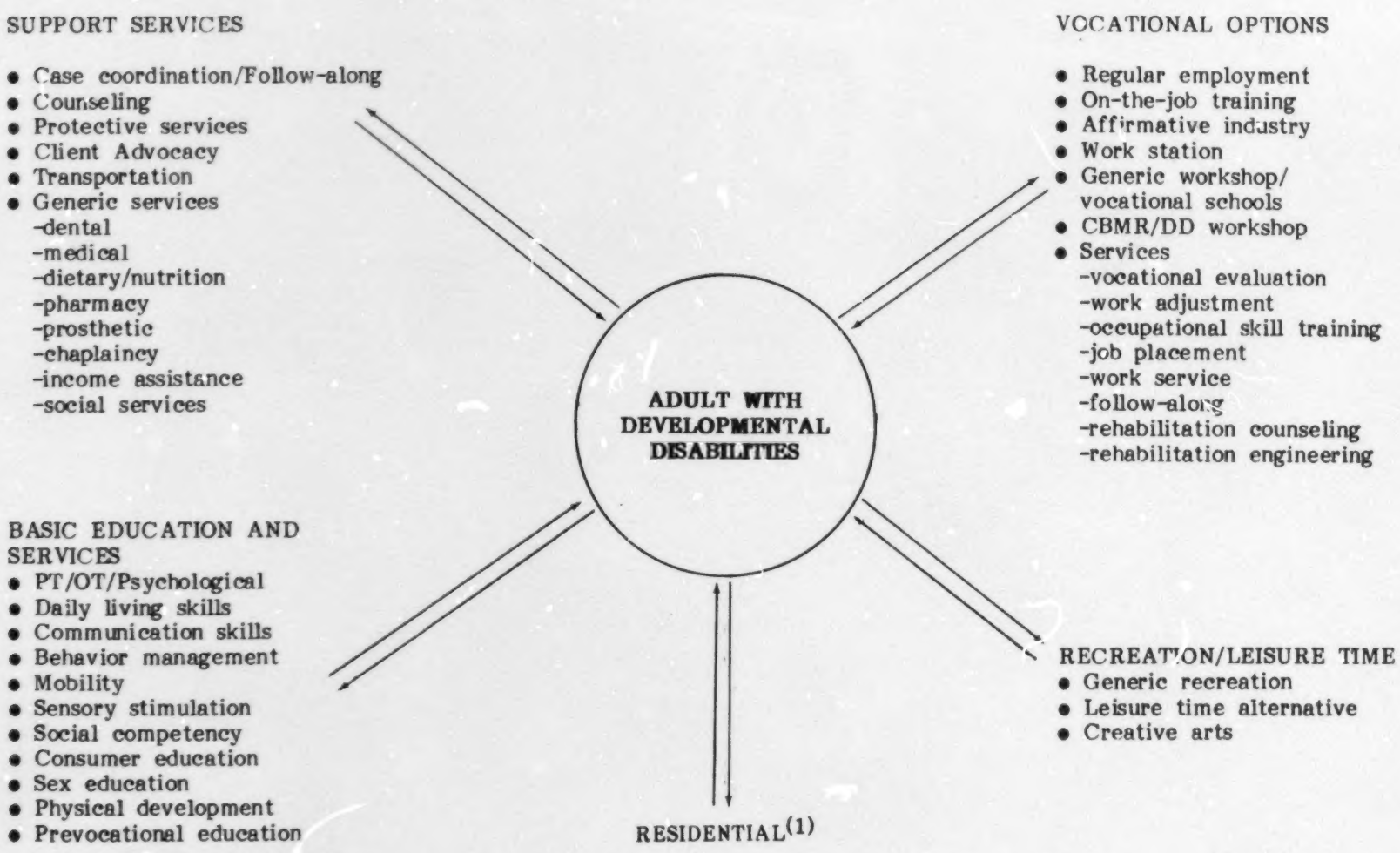
Before discussing the various day program elements, it is important to first describe three fundamental components of any service delivery strategy for adults with developmental disabilities: utilization of generic services, case coordination, and prevocational training.

GENERIC SERVICES

Although there has been a rapid development at the community level of specialized services for adults with developmental disabilities, there has also been a growing realization that segregated, specialized programs are not the most appropriate way to meet their individual needs. The utilization of generic services has become increasingly important to the development of community-based service systems. If the goals for adults with developmental disabilities are to be realized, the accessibility and use of generic services must be a major component of the plan for service delivery. A listing of generic resources that are usually available at the local level is provided in figure 3.

The use of generic resources at the community level is strongly supported by the previously discussed basic planning principles. Persons with developmental disabilities have a right to participate in and benefit from these services; at the same time, access to generic services can be seen as indispensable in assuring the person's presence and participation as a valued member of the community. Moreover, dependence upon the "segregated services" provided by a single agency defeats the implied value of community life--the opportunity to live as others do in the community. Because of the multiple needs of persons with severe handicaps, it is not logical to assume that a single agency or program can provide all of the services and supports necessary for community life. Full services for persons with severe handicaps will require a coordinated, multi-component system in which each service component complements the other.

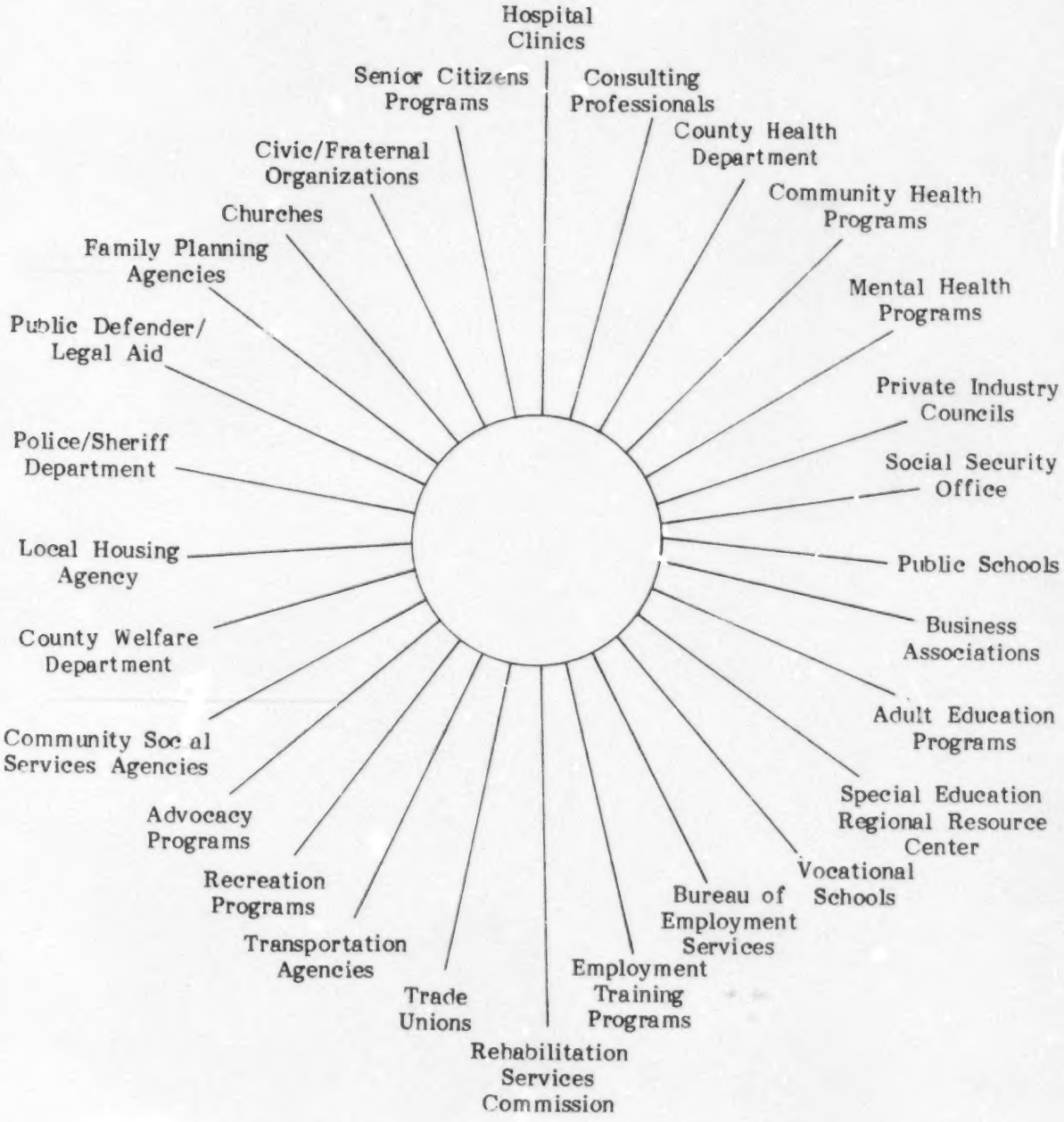
Figure 2
ADULT SERVICES



(1)Residential services are discussed in Position Paper No. 2.

Figure 3

LOCAL GENERIC RESOURCES



In addition to the arguments provided above, there are practical considerations that make continued dependence on segregated programs unrealistic:

- o Economic considerations argue against the continued establishment of segregated programs and services.
- o Trained personnel are not available to staff the necessary variety of segregated programs.
- o Segregated programs and services contribute to the continued isolation of the MR/DD service system.

A comprehensive service system at the local level will not develop without a concerted effort on the part of local agencies, especially by County Boards of MR/DD, to develop effective service delivery strategies. The guidelines provided in Appendix A and Appendix B may be useful in developing effective service delivery strategies that include use of generic service agencies.

CASE COORDINATION

The effectiveness of a multi-faceted delivery system at the local level is predicated upon the ability to link the individual to the various services that are available in the community. If adults with developmental disabilities are to have access to necessary supports and services, an effective case coordination system is needed at the local level. The term case coordination is used instead of the traditional term, case management, because it implies the linking of community resources rather than management of the individual.

Presently there is no clearly designated agency or funding mechanism solely responsible for case coordination. Case coordination is provided primarily by the state, County Boards of MR/DD, and service providers. In some cases it is provided formally (as a distinct service), and in other cases informally (as a part of a variety of other services). The development and coordination of linkages among a variety of providers requires significant effort. Such a task becomes very difficult when the burden falls on direct care staff, or is only one of a variety of services offered by an agency. The lack of an effective case coordination system is a major deficiency in Ohio's delivery system for adult services.

Fundamental Prerequisites

Plans for adult services should include development of a case coordination system at the local level that links and coordinates segments of the service delivery system, ensuring the availability of a comprehensive array of services for adults with developmental disabilities. A set of guidelines that may be used in developing a case coordination system is in Appendix C.

PREVOCATIONAL TRAINING

A third fundamental component of a service delivery strategy for adults is the availability of prevocational programs to prepare persons with developmental disabilities for adult life. Skill training must begin early, during the school-age years, to prepare persons to function effectively as adult workers. School-age programs (both County Board of MR/DD and public school operated) must develop realistic prevocational programs to teach individuals the necessary vocational skills. It is unrealistic to assume that such skills can only be learned once the person "graduates" into an adult program. For persons with developmental disabilities, who generally acquire such skills over a long period of time, it is especially important to begin early.

As much as possible, prevocational training programs should be provided in the community (in a real job setting), where such skills will be utilized — not in artificial training situations. Prevocational training programs should concentrate on teaching functional vocational skills--skills to do a specific job. Skill training for activities of daily life should be part of the regular educational program and, whenever possible, not be provided as part of the prevocational program unless they are directly related to the person's ability to perform work or a specific job. Providing prevocational training in nonsheltered settings allows for greater individualization and enhances the likelihood of teaching useful job skills. Obviously, the necessary supervision and supports must be provided to assist the person in learning these skills in a community setting.

The development of effective prevocational training programs requires a number of changes in the organization and orientation of current programs:

- Prevocational programs must be sequenced with adult programs.
- Prevocational training must be geared toward teaching useful vocational skills necessary to do a specific job.
- Prevocational programs must be coordinated effectively with regular school programs.

- o Prevocational training should be provided in the community as much as possible, not in a classroom.
- o Personnel and financial resources should be flexible, to allow for providing prevocational training in the community.
- o Necessary supports, training, and supervision must be developed to support such programs.
- o Potential employers in the community (public, private, nonprofit) must be identified, recruited, and provided with an understanding of the prevocational training that will be provided to persons in the program.
- o A linkage, such as a case coordination system, must be developed to ensure that individuals in school programs are appropriately linked to adult programs.

DAY PROGRAM SERVICES

Work serves many functions in society. It is a symbol of normality and maturity; it is also a source of material and social gratification. Occupational status helps to define a person's self-esteem and identity. Perceptions associated with the role of the worker underscore the importance of developing programs and services to assist adults with developmental disabilities to prepare for, secure, and retain jobs as a part of living in the community. A strong emphasis must be placed on including persons with developmental disabilities in normative and remunerative work roles. Persons with developmental disabilities must perform useful work (jobs that are needed in some sector of the economy). Work is not defined as the process of one person putting a nut on a bolt, then another person taking it off; nor is it defined as making something that will never be purchased. Useful work is work that must be done, or someone else will have to be paid to do it.

ROLE OF DAY PROGRAMS

A major role of adult day programs must be to identify or provide useful job opportunities, and to teach the skills needed for the successful performance of these jobs. All individuals with developmental disabilities, even persons with severe disabilities, should be provided with the necessary services, supports, and training that will allow them to participate as much as possible in a vocational program. An emphasis on vocational training and work options does not mean that persons with developmental disabilities do not have other needs. Certainly, there is a need for an array of support services, habilitative services, basic adult education, and recreational programs. The absence of such services could restrict the person's ability to live in the

community or to participate effectively in vocational training and work options. The challenge that faces planners of adult services is in finding ways to provide these other services without minimizing the vocational component.

FOCUS ON INDIVIDUAL NEEDS

Each adult with developmental disabilities should have an opportunity to spend a portion of the day in a vocational setting (workshop or, more preferably, nonsheltered vocational setting). The person's needs, as reflected in the Individual Habilitation Plan (IHP), should determine the amount of time spent in a vocational setting versus time spent receiving habilitative or adult educational services. For example, a person with severe disabilities may spend a greater portion of the day receiving habilitation services, whereas a person with fewer needs may spend a greater portion of the day receiving vocational services.

An example of how two persons with different needs might have their time allocated is shown in figure 4. It is important to recognize that no person, regardless of severity of handicap, should be excluded from participation in a vocational program. The concept of "vocational potential" should not be used to include or exclude individuals. The fact that individuals with severe handicaps might spend (at least initially) a significant amount of time in habilitative rather than vocational programs reflects their greater need for habilitative services, not that placement in vocational training has been determined to be inappropriate.

SETTINGS SEPARATE FROM VOCATIONAL

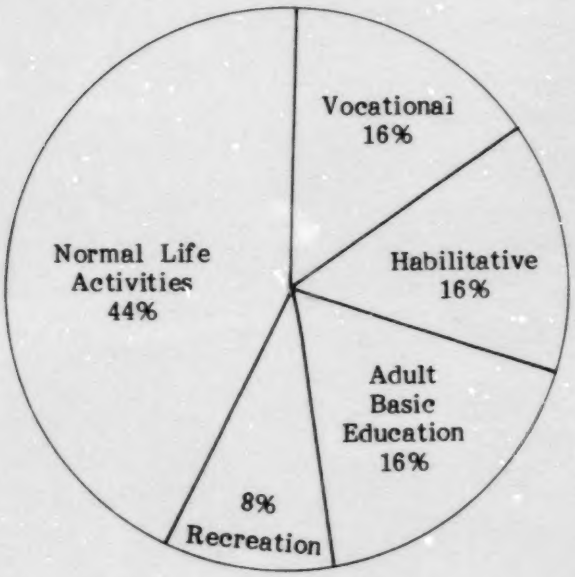
The principles of normalization and least restrictive environment call for, as much as possible, use of generic service providers and settings to provide an appropriate variety and range of adult basic education and habilitation services. Where this is not possible, such educational services should be provided in the most culturally normative environment possible; adult basic education and habilitation service programs should be separate from the vocational setting. Community colleges, adult education programs sponsored by the public school system, or adult education and habilitative service components within county programs, all could provide such services.

Figure 4

EXAMPLE: PERCENTAGE OF TIME SPENT IN TYPES OF PROGRAMS

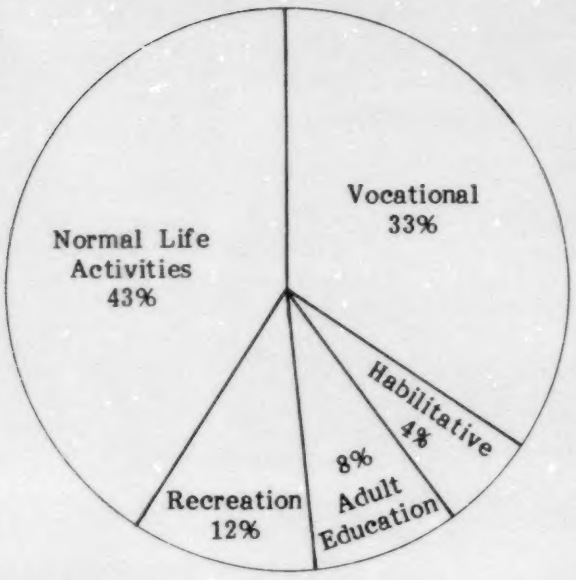
Individual I

SEVERELY HANDICAPPED



Individual II

LESS SEVERELY HANDICAPPED



Vocational Options

Because of the difficulty a person with developmental disabilities often has in generalizing from the original learning environment to other settings, community-related skills training should be provided, to the maximum extent possible, in real life situations. For example, daily living skills training should be provided where the individual lives, not in a classroom. If the residential program lacks resources to provide such training, the county program may have to provide it (hopefully, where the person lives). Only as a last resort should a simulated setting be used within the adult education/habilitative service unit.

VOCATIONAL OPTIONS IN THE COMMUNITY

Historically, activity centers and workshops have been the primary environments in which vocational training, employment, and other services to adults with developmental disabilities were provided (Bellamy et al., 1982). Many of the criticisms of this approach have been discussed previously in this paper (failure to train individuals for real jobs, downtime, waiting list, continued segregation, tolerance for deviance, little movement out, insufficient wages). Few resources have been used effectively to develop more socially and physically integrated vocational options. If our goals for adult service programs are to be realized, a concerted effort must be made to develop appropriate, nonsheltered vocational training and work options such as work stations in industry (McGee, 1975), on-the-job training programs, projects with industry (Jewish Vocational Services, 1978), and regular employment (Wehman, 1981). It is important to note that as the number of positively-valued, normative environments within which a person can function is increased, personal freedom, opportunities for development, and human dignity are also increased.

Moreover, the development of a variety of vocational options in the community provides a greater opportunity for individualizing the service setting. The individual can be matched to environments best suited to meet his or her needs and ability to function. Demonstration projects have illustrated that many adults with developmental disabilities, given the necessary supports and services, can function effectively in nonsheltered vocational environments in the community (Cook, Dahl, & Gale, 1977; Rusch & Mithaug, 1980; Sowers, Thompson, & Connis, 1979; Wehman, 1981). This does not mean that it will be possible to support all adults with developmental disabilities in nonsheltered settings. Certainly, it may not be possible to provide the extensive services necessary to support severely handicapped individuals in nonsheltered settings. However, many individuals currently served in our present adult programs could be supported in less restrictive settings.

The development of less restrictive options necessitates the following fundamental changes in services to adults with developmental disbilities:

- o The necessary supports, services, and innovative program models (on-the-job training, work stations, projects with industry) must be developed to assist individuals in functioning within community environments.
- o School-age programs must interface with adult programs to ensure that individuals are provided with the prerequisite skills necessary to function in adult program environments.
- o Funding mechanisms must be flexible to support and encourage such efforts.
- o Education and preparation programs must be developed for employers to increase their willingness to hire competent, well-trained persons with developmental disabilities and to provide a normal, supportive, tolerant, and stable work setting.
- o Parent education programs and mechanisms must be developed to allow for parent preferences and input.
- o More personnel must be trained to place, train, and support individuals functioning in nonsheltered environments.
- o Job markets must be analyzed in each community to identify available jobs that lend themselves to current training technology.

WORKSHOPS

Some type of sheltered setting will be needed—either in a generic agency or in a County Board MR/DD program—for individuals with more severe handicaps who are not being served in a nonsheltered vocational option in the community. Generic workshops that serve nondevelopmentally disabled individuals, such as the affirmative industry model programs (DuRand & DuRand, 1978), or vocational training schools, could be used to provide vocational training and employment. Where these options are not available or appropriate, County Board of MR/DD workshops will need to provide the vocational training and employment services for adults with developmental disabilities. The role of the workshop should be threefold: (1) to provide the vocational skills training necessary to perform useful work (2) to prepare individuals for vocational options in the community and (3) to provide real jobs for adequate wages.

Workshops

National studies document a variety of problems with workshop programs (Breedlove & Johnson, 1981; General Accounting Office, 1980; Greenleigh, 1975; U.S. Department of Labor, 1977, 1979). These studies provide detailed descriptions of the practices and outcomes of sheltered workshops, namely, atypical work environments, poor wages, inefficient and outdated production design, downtime, little movement to more integrated vocational options, lack of work or training that is relevant to actual jobs, and staff who are not well-versed in industry practices.

Also, as workshops have assumed responsibility for the vocational and many other service aspects of a person's life, their power and control over the person has grown. Certainly, the wisdom of turning persons with disabilities into "eternal clients" of a single agency is unacceptable.

For workshop programs to provide useful jobs, adequate wages, and effective vocational training, they must become more business oriented. Persons functioning in such a setting should be treated as employees and workers, not as clients or pupils. The presumption should be that all individuals, even those with severe disabilities, should spend a portion of their day performing useful work and/or receiving vocational skill training. Habilitative and adult basic education services should be provided outside the workshop setting.

The development of more appropriate vocational options necessitates the following fundamental changes in workshop programs for adults with developmental disabilities:

- o Generic workshops and vocational schools must be used whenever appropriate.
- o Real jobs, providing fair wages and benefits, must be developed in workshop programs.
- o Realistic work environments must be created.
- o A range of job choices must be created in workshop programs.
- o Proven vocational training technologies must be used.
- o A business orientation must be developed by using state of the art technology in management, contract development, production design, job design, personnel relations, capital investments, and marketing practices.
- o Service delivery strategies that do not decrease the vocational aspect of the program must be developed for nonvocational services.

- o Experienced individuals, especially those with a business orientation, must be employed. Community business representatives must be found to serve on workshop boards.

- o The ability of the workshop must be enhanced to provide "real work", such as through projects with industry.

TRADITIONAL VS. PROPOSED APPROACHES

There are many differences between the way vocational services have traditionally been provided to persons with disabilities and the approach being proposed in this paper. The following examples illustrate how those differences might apply to persons with different levels and types of disabilities.

PERSON WITH SEVERE DISABILITIES

> Joan is labeled as being severely/profoundly mentally retarded; she also has cerebral palsy. Because of her cerebral palsy, she must use a wheelchair, and only has limited movement and use of her arms and hands. Her speech is not understandable, but she is learning to use a communication board.

Traditional Approach

Because of her severe disabilities, Joan was not placed in a work program, or even in a vocational training program. Her day program consisted of participation in a variety of activities such as physical therapy exercises, crafts and games, training in activities of daily living, and community trips. Her day program took place in a separate day-activity center.

The day program was not a full day program; it started around 9 a.m. and finished by 2 p.m. Joan was bused to a central day-activity center, further reducing her actual program time.

Most of the other clients who attended the program with Joan were also labeled as severely disabled.

The activity program was perceived, at least by staff, as a final placement for Joan. It was hoped that she would progress in the program, but she would never leave it; the program was considered appropriate for her.

Traditional vs. Proposed

Proposed Approach

Even though Joan was labeled as having severe disabilities, she was not denied access to a work or vocational training program. Through comprehensive evaluations, the program was designed to be truly habilitative and not just a series of unrelated day activities. Joan's current major needs were in the education/habilitation area so she spent most of her day in such programs.

Even though Joan's major needs were habilitative, she was still enrolled in some type of appropriate work or vocational program. At first, she spent only a day or even a half-day each week in the vocational program, but she was never labeled as having "no vocational potential" and forever relegated to games and crafts. A major effort was made to maximize Joan's contact with persons who were not disabled and/or had less severe disabilities. Her habilitative program was located in a facility that provided a wide range of educational and habilitative services to a variety of persons, not just to those with the most severe disabilities.

Joan's current placement situation was not considered permanent. The staff expected and planned for her gradually to spend more and more of her day program time in a vocational setting. Staff also took a major responsibility for supporting this move, through special efforts such as equipment adaptation and development of prosthetics. The entire responsibility for acquiring new skills and competencies was not placed on Joan.

PERSON WITH MODERATE DISABILITIES

Jerry is twenty years old and has been labeled moderately mentally retarded. He does not have any physical disabilities, but does have a serious speech impediment. He is learning to sign, along with speaking, so that he can communicate more effectively. Jerry recently graduated from a County Board of MR/DD school program and now is interested in getting a job.

Traditional Approach

Even though Jerry graduated from his County Board of MR/DD school program, he was not judged as being ready for job placement. During the last two years of his school program, he was enrolled in a prevocational program, but was not taught the skills necessary to be placed in a competitive employment position. Most of Jerry's prevocational training program focused on general "readiness" skills and did not prepare him with specific job competencies.

Jerry was first placed at Level I in a sheltered workshop. His Level I program provided a wide variety of activities:

- o Training in daily living skills
- o Recreational and leisure time activities
- o Basic academic skill training

The vocational part of his program involved working on a packaging and boxing contract. The evaluation team identified five major skill deficit areas that needed to be remediated before Jerry could be placed on the job placement waiting list.

Proposed Approach

During the last ten years of Jerry's school program, he was increasingly involved in a functionally oriented vocational training program. His junior high program focused on functional prevocational skill training in work settings outside of the school. In high school, the emphasis shifted to specific job training. The job training activities were based on Jerry's skills and interests and were provided in normal, nonsheltered work settings.

The evaluation team's initial recommendation was that Jerry should be enrolled in the job placement program. However, because of the long waiting list for job placement, he initially worked in a work station in industry. Jerry and six other persons worked under special supervision on a small engine assembly line in a local factory.

As soon as a position became available in the placement program, staff began the search for an appropriate job for Jerry. The proposed plan was:

- o To evaluate Jerry's skills and job preferences (training-based evaluation)
- o To find an appropriate job situation
- o To provide an on-the-job training program
- o To design a special support and supervision strategy
- o To develop a plan for gradual withdrawal of special supports and establish a strategy for follow-up and job maintenance

The adult program staff did not ignore Jerry's other day program needs. He was interested in increasing his skills in areas such as money management, reading, writing,

and sign communication. Jerry enrolled in a special adult basic skills program jointly offered at night and on weekends by the service program and the community college.

Jerry's recreational and leisure program involved a wide variety of activities offered by his day program agency and by the local community recreation program.

PERSONS WITH SPECIAL NEEDS

To be truly comprehensive, an adult services program must be able to serve persons with special needs such as:

- o Persons with severe behavior problems
- o Persons with multiple handicaps
- o Older persons

Until appropriate, community-based residential and day programs are developed, most of these persons will be forced to remain in state-operated developmental centers or in restrictive, community residential programs.

PERSONS WITH MULTIPLE HANDICAPS

Persons with profound and multiple handicaps are not usually considered to have "vocational potential," and are often relegated to basic habilitation or activity programs. However, as noted earlier, all adults, regardless of severity of handicap, have a right to at least some participation in a vocational program. Given that most individuals with multiple handicaps have other more pressing needs (learning to eat, walk, self-care, etc.), they should spend more of their program time involved in basic education and habilitation programs. However, they should never be totally excluded from a vocational program and should spend as much time as possible, given their other service needs, involved in vocational training.

PERSONS WITH SEVERE BEHAVIOR PROBLEMS

Persons with severe behavior problems are difficult to serve for reasons that differ from those affecting persons with other types of developmental disabilities. Many persons have all the requisite skills and could function in a vocational setting except for the presence of competing, severe behavior problems.

By applying the same service principles as described previously, we should attempt to train such persons in the same settings as those used for other individuals. Specialized support services such as behavior management teams could be used to help regular staff meet the person's needs without removing them from the regular work or training environment.

Most behavior problems can be effectively dealt with through better trained staff and additional, temporary, support staff.

It will not be possible, at least initially, to place individuals with the most severe problems in regular or typical programs. The regular setting is best for meeting their needs—it is almost always better to train or teach in the performance setting. However, an individual with severe problems might seriously disrupt the work or training setting for everyone else. Therefore, it will be necessary to develop a few specialized work/training programs. Such programs should:

- o Be as realistic and normative as possible (preferably, in the regular site)
- o Serve as few individuals as possible, for as short a time as possible
- o Try to provide for more appropriate role models (not everyone in the special program should have severe behavior problems)
- o Allow for a gradual transition, with follow-up, back into the regular work environment
- o Be administratively integrated with the typical work or training program.

OLDER PERSONS

As they grow older, most people gradually change how they spend their day. It is only natural that similar changes should occur for older persons with developmental disabilities. This is a time when older persons with developmental disabilities are in double jeopardy—the stigma and devaluation shown toward older citizens is added to problems already related to their developmental disability. It is clear that in most communities, day programs and services for older citizens are inadequate to meet the need and, further, that older persons with developmental disabilities are often denied access to even these minimal services.

Many of the community services that are needed by older persons with developmental disabilities are for support in their living situation (see Position Paper No. 2). However, other services, such as recreation and leisure time programs, case coordination, counseling services, and transportation are also necessary to meet a full range of needs. The challenge is to work toward the integration of older persons with developmental disabilities into the typical generic services available to all older citizens (programs sponsored by local agencies for the elderly).

Special Needs

At the state level, efforts to establish linkages with the Ohio Commission on Aging will be a first step in developing such relationships. Where adequate generic services are not available, it may be necessary for MR/DD service agencies to assist in the development of the necessary services. For instance, if a generic recreational and craft-oriented day program is not available, it might be necessary for the developmental disability program to help develop such a service. However, instead of developing a program to serve only older persons with developmental disabilities, the service could also be made available to older citizens without developmental disabilities and thereby provide a more integrated, less restrictive alternative.

Programmatic solutions for many of the problems of older citizens with developmental disabilities have yet to be developed. The elderly have long played an "invisible role." A major step forward will be to begin gathering systematic data on needs, and to provide a specific focus in our long-term planning for older persons.

CURRENTLY UNSERVED PERSONS

One frequently identified problem concerns the availability of adult services for persons with mild retardation, or developmental disabilities other than mental retardation. Many such persons who may be in need of assistance are presently not receiving the services they need to participate effectively in community life, due to eligibility requirements, funding constraints, or lack of designation of the responsible agency for providing services. Presently, no agency is clearly designated as responsible for ensuring that needs of this group are met. This problem is complicated by the fact that insufficient data exist on the number of persons involved or the types of services needed.

In an effort to address, at least partly, the problem of availability of services for persons with mild mental retardation or developmental disabilities other than mental retardation, this paper calls for a concerted effort on the part of the major state agencies and consumer groups to:

- o Identify the type and number of persons in need of service
- o Identify the types of services needed
- o Identify the appropriate services presently available
- o Develop cost estimates for providing the needed services

o Develop strategies for ensuring that needs are met

Funding for this study could be obtained through requests to various state agencies and to the Developmental Disabilities Planning Council.

RECOMMENDATIONS

GENERAL

- **Vocational training and work options should exist in the community (in local business and industry) for persons with developmental disabilities. An array of supports, services, and training options will be required to assist individuals to function in such settings.**

- **Workshop programs should exist that provide a realistic work environment, valued jobs, skills training, and adequate wages and benefits.**

- **Public education and training programs that support the movement of persons with developmental disabilities into community training and work options should exist for parents and potential employers.**

- **Realistic prevocational training programs should exist in school programs and be sequenced with adult services programs.**

- **Habilitative and adult basic education programs, separate from the vocational environment, should exist for persons with developmental disabilities.**

- **Vocational options for persons with severe/multiple handicaps or behavior problems should be available at the local level.**

- **Skill training in daily living should exist and be provided (to the extent possible) in the community where those skills will be utilized.**

- **State of the art technology in business practices such as production control, management, contract development, capital investment, marketing, and personnel relations, etc. should be used in developing and operating vocational programs.**

- **An empowered case coordination system should exist in each county or multi-county area of the state.**

- **Joint policy statements/agreements should exist among local agencies relative to providing and funding services for persons with developmental disabilities.**

Recommendations

- o A clear legislative mandate should exist that delineates the responsible agent(s) for planning and delivering services to adults with developmental disabilities.

- o A statewide policy should exist that delineates the relationship among the following programs for services to persons with developmental disabilities: Vocational Education, Adult Basic Education, Rehabilitation Services Commission, Commission on Aging, Department of MR/DD, and County Boards of MR/DD.

- o A study should be conducted to determine the number and service needs of mildly retarded and nonmentally retarded adults with developmental disabilities. Strategies should be developed for meeting the needs identified.

- o An administrative rule should exist that clearly delineates responsibilities of County Boards of MR/DD for adult services, under the provisions of Amended Substitute Senate Bill 160.

PLANNING

- o Planning for adult services should be an integral component of a community's comprehensive plan for services to persons with developmental disabilities.

- o There should be broad-based community involvement in the planning and development of adult services.

- o A community's comprehensive plan should include an assessment of the generic services available in the community and strategies for increasing the use of such services by persons with developmental disabilities.

- o A community's comprehensive plan should include strategies for developing vocational training and work options in the community such as on-the-job training, regular employment options, work stations in industry, etc.

- o A community's comprehensive plan should include strategies for developing prevocational training programs, particularly those that provide realistic job training in the community.

- o A statewide plan should exist to increase adult services for persons with developmental disabilities.

FUNDING

- An equitable funding base should exist to support the provision of services to adults with developmental disabilities.
- Equitable financial assistance should be provided to County Boards of MR/DD for persons being placed from developmental centers into community programs.
- Funding mechanisms for adult services programs should provide incentives to move adults with developmental disabilities into more socially and physically integrated work and training options.
- Reasonable funding should be allocated for staff development and training programs.

MONITORING/EVALUATION

- Minimum standards and criteria should address quality of life and normalization principles in the rules and monitoring/evaluation processes for adult services programs.
- A formal statewide process should exist to monitor/evaluate adult services programs for persons with developmental disabilities.
- ACMR/DD and/or Commission on Accreditation of Rehabilitation Facilities (CARF) standards should be used in developing rules governing adult services programs for persons with developmental disabilities.

TRAINING AND TECHNICAL ASSISTANCE

- Staff development programs should exist to ensure the availability of trained adult services personnel.
- Technical assistance and consultation should be made available to assist in planning, developing, and operating adult services programs for persons with developmental disabilities.

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Appendix A

GUIDELINES TO FACILITATE USE OF COMMUNITY GENERIC RESOURCES

1. MR/DD agencies should attempt to use existing community services rather than develop new services or compete with generic agencies for limited funds.

2. Shared service agreements may be developed between MR/DD agencies and generic service providers as a means to expand limited community resources.

3. Existing MR/DD service and advocacy agencies have a responsibilty to educate and train the public, and other agencies, in how to work with individuals with developmental disabilities.

4. An individual's right to confidentiality should be respected, but it should not prevent effective service delivery strategies or cooperative efforts among agencies for the benefit of the individual. Proper information release forms should be developed and used.

5. When possible, MR/DD and other community service agencies should explore the feasibility of joint arrangements for support services to use community resources more effectively. One such arrangement is joint purchasing.

6. Efforts at problem solving in human service delivery should first be initiated among the agencies involved at the local level.

7. MR/DD agencies should encourage and participate in community structures that promote local planning, coordination, and problem solving in human service delivery.

8. Interagency agreements, parallel procedures, designated staff liaisons, local information and referral networks, and mediation models should be explored as means to promote community linkages. Some recommended elements to be considered in developing local interagency agreements are in Appendix B.

Appendix B

RECOMMENDED ELEMENTS TO BE INCLUDED IN AGREEMENTS WITH OTHER AGENCIES

Statement of Purpose

One of the first items included should be a statement of purpose for the agreement. It should include a delineation of goals and measurable objectives for the term of the agreement. The writing of objectives in measurable units will greatly facilitate later evaluation of the success of an agreement.

Definition of Terms

Many times the terminology used by one agency is familiar only to that agency. Evaluation may mean one thing to a health agency, but have a different meaning to educators. It is essential to define any ambiguous or unfamiliar terms.

Program Delineation

There should be a clear delineation of the specific program, service, or focus for which the document is being written. Such statements do not need to be long, drawn-out descriptions written in minute detail, but should include enough information that the reader can easily understand the program being described.

First Dollar Responsibility

The agreement needs to specify the agency that has first dollar responsibility for payment of services. The specification of other financial or funding arrangements for payment of services also should be addressed.

Roles and Responsibilities

The specific actions, roles, and responsibilities of each party to an agreement should be written clearly so there is no confusion as to who does what, when, and where. At the same time, mutual responsibilities need to be set forth.

SOURCE: Modified version of Smith, C.B., (1978). Interagency agreements as a mechanism for coordination. Columbus, OH: Ohio State University. Unpublished manuscript.

Designation of Responsible Positions

The major fault of many agreements between agencies is failure to assign specific responsibility for ensuring that the provisions of the agreement are carried out. Too many times an agreement will be written, filed away, and forgotten, until a major crisis or problem comes along. To prevent this from occurring, the terms of the agreement should specify a staff position from each agency that is party to the agreement. Persons in the designated staff positions assume responsibility for:

- o Implementing the agreement as specified
- o Monitoring the implementation to ensure its success
- o Negotiating changes in the agreement

Administrative Procedure

Numerous general administrative procedures need to be a part of every agreement. These include a specified starting and ending date for the agreement; a mechanism for reviewing, updating, and revising it; confidentiality safeguards; referral mechanisms; and procedures for information sharing.

Assurances

Agencies, particularly those receiving federal and state funds, are required to meet certain standards or requirements. It is important to specify under the agreement any requirements that must be met, and include any necessary assurances.

Arbitration/Termination Clause

Misunderstandings and disputes between agencies are inevitable. A formal process to arbitrate such disputes is an important element to include in any agreement. In addition, specific procedures for the termination of the agreement should be included.

Evaluation Design

To assist in determining the success or failure of an interagency agreement, it is extremely helpful to build an evaluation mechanism into the agreement itself. The design of this mechanism should be specified, and agreed upon by all parties. The person(s) responsible for the evaluation should be identified in the agreement, and sanctions to ensure implementation should be specified.

Appendix C

Guidelines for the Development of a Case Coordination System

1. An empowered Community Case Coordination System should be developed in each county or multi-county area in Ohio.

2. The Community Case Coordination System should provide a fixed point of responsibility at the local level. The coordinator will attempt to ensure that a person's needs are identified and met, through the development of that person's Individual Habilitation Plan (IHP) and by linking the person with appropriate service providers.

3. The target population for a Community Case Coordination System should be all persons who meet the present federal definition of developmental disabilities.

4. The major functions of a Community Case Coordination System should be:

   - o Outreach, screening, entry, intake or admission
   - o Referral
   - o Problem assessment
   - o IHP development and implementation
   - o Follow-up and follow-along

5. The Community Case Coordination System should train and support families and consumers to identify and access appropriate community services.

6. The Community Case Coordination System should use presently available technology to develop an appropriate data base for the service system.

7. The Community Case Coordination System should have prime responsibility for ensuring that the person's IHP is jointly developed by all relevant persons and agencies.

8. Ultimate responsibility for Community Case Coordination should reside with the county commissioners. The county commissioners may delegate the function to an appropriate public or nonprofit community agency, or establish an independent agency.

9. If the community case coordination function is delegated to an agency providing direct service, community case coordination should be organizationally and functionally separated from service provision.

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